

Doctor of Physical Therapy (DPT)

Student Handbook

Last updated: April 11, 2018

Table of Contents

Note to the Prospective Student	3
Note to the Enrolled Student	4
Updates	5
Student Handbook Attestation	6
Introduction	7
Accreditation	8
Mission, Philosophy & Goals	9
Department Goals	10
DPT Education Program	12
Non-Discrimination Policy	27
DPT Academic Calendar	28
Transfer of Credit Policy	29
Academic Advising	30
Essential Technical Standards	31
Student with Special Needs	37
Objective Structured Clinical Examinations	39
Academic Standing	41
Professional Conduct	45
Reasonable Professional Expectations	47
Professional Attire and Presentation	59
Readiness for Clinical Education	61
Readiness for Entry Level Practice	63
Appeals, Grievances & Complaints	65
Confidentiality of records and other personal information	67
Equipment Inspection, Maintenance & Use	69
Safety of Students	71
Potential Health Risks and Standard Precautions	72
Storage and Use of any Hazardous Materials	74
Emergency Procedures	75
Availability of Lab Space Outside of Class Time	77
Membership in the American Physical Therapy Association	78
Technology Requirements	79
Evaluation of Courses, Instructors, Program	80
Safety of Community Participants in Educational	81
Informed Consent	82
Campus Services	84
Textbooks	85

Note to the Prospective Student

Thank you for your interest in the DPT Program at Plymouth State University!

The Faculty and Staff of the Department of Physical Therapy encourage you to read through the DPT Student Handbook as a way to orient and inform yourself about the PSU DPT Program.

Areas of particular interest to you will be sections on:

Accreditation

Expected Costs

Academic Calendar

Transfer of Credit Policy

Appeals, Grievances & Complaints

Mission, Philosophy and Goals

DPT Education Program

Non-Discrimination Policy

Essential Technical Standards

Student with Special Needs

Objective Structured Clinical Examinations

Academic Standing

Professional Conduct

Reasonable Professional Expectations

Professional Attire and Presentation

Readiness for Clinical Education

Readiness for Entry Level Practice

Membership in the American Physical Therapy Association

Technology Requirements

Campus Services

Please contact us if you have any questions in your decision making process!

Note to the Enrolled Student

Congratulations on your acceptance and commitment to the DPT Program at Plymouth State University!

Your first step toward your DPT at PSU is to read through the DPT Student Handbook and orient yourself with the policies and procedures, rights, requirements and expectations of the program.

Within two weeks of your first semester you must print (or remove) and bring your signed Student Handbook Attestation to the Program Director Samuel Read Hall Building (SRHB) Room 211, or leave with the Administrative Assistant in SRHB Room 208A.

This signed document attests that you have read through and are familiar with the policies, procedures, rights, responsibilities and expectations as a DPT student at Plymouth State University.

If you have any questions about this process or content in this Handbook, please contact the Program Director, Dr. Sean Collins, at smcollins1@plymouth.edu, 603-535-2891, or in SRHB Room 211.

Updates

Date	Update
4/11/2018	Added update page.
4/11/2018	Added textbook compilation

Plymouth State University Department of Physical Therapy

Student Handbook, Policy, Procedure Rights, Responsibilities and Expectations Attestation

I have received a copy of the Plymouth State University's Doctor of Physical Therapy (DPT) Student Handbook and Clinical Education Handbook and have been referred to the Plymouth State University and Graduate Studies policies. I have had an opportunity to review and discuss their contents, and I agree, as a student enrolled in this Program, to adhere to the policies and guidelines set forth. All policies and procedures outlined are subject to change during the course of the Program, and it is my responsibility to not only keep abreast of these changes, but recognize them as a requirement for graduation from the program.

Print Name: _____

Signature: _____

Date: _____

Graduating Class of: _____

Please remove this page and submit to the DPT Program Director within the first two weeks of program enrollment.

Introduction

The Doctor of Physical Therapy (DPT) Student Handbook outlines the mission, goals, objectives, expectations and philosophy of the Department of Physical Therapy Doctor of Physical Therapy Program at Plymouth State University. It also contains department policies and procedures that affect students enrolled in the DPT program.

Students are referred to the DPT Clinical Education Handbook for policies and procedures related to the Clinical Education program.

The policies are not intended to be unduly restrictive; rather, they are intended to protect and make explicit student rights and responsibilities, and to insure that DPT program operation is consistent with its obligations as a professional physical therapist education program.

DPT Students are Graduate Students at Plymouth State University and are therefore also referred to the Plymouth State University and Graduate Studies policies:

Plymouth State University Policies

<https://www.plymouth.edu/graduate/academics/catalog/university-policies/>

Graduate Studies Policies

<https://www.plymouth.edu/graduate/academics/catalog/graduate-studies-policies/>

Graduate Catalog (includes policies)

<https://www.plymouth.edu/graduate/academics/catalog/>

The primary policy focus of the DPT Student Handbook are those policies not covered or that are more restrictive than Plymouth State University or Graduate Studies. While every effort has been made to assure there are no conflicts between PT Department policies and PSU University Policies or Graduate Studies policies, if such a conflict exists, the Plymouth State University or Graduate Studies policies are in effect until such time that the Department policies can be brought into accord.

Students are responsible to be familiar with the contents of the DPT Student Handbook, the DPT Clinical Education Handbook, the Plymouth State University and Graduate Studies policies. Students should bring any questions regarding the contents to their advisor. Student appeals of any department decision or action resulting from an academic or professional conduct review will follow the procedures as outlined.

Compliance with Accreditation

Plymouth State University is accredited by the New England Association of Schools and Colleges, Inc., which accredits schools and colleges in the six New England states.

Graduation from a physical therapist education program accredited by the Commission on Accreditation in Physical Therapy Education ([CAPTE](#)), 1111 North Fairfax Street, Alexandria, VA 22314; phone; 703-706-3245; accreditation@apta.org) is necessary for eligibility to sit for the licensure examination, which is required in all states.

Effective November 9, 2016, the Doctor of Physical Therapy program at Plymouth State University has been granted Candidate for Accreditation status by the Commission on Accreditation in Physical Therapy Education (1111 North Fairfax Street, Alexandria, VA, 22314; phone: 703-706-3245; email: accreditation@apta.org). Candidate for Accreditation is a pre-accreditation status of affiliation with the Commission on Accreditation in Physical Therapy Education that indicates that the program is progressing toward accreditation and may matriculate students in technical/professional courses. Candidate for Accreditation is not an accreditation status nor does it assure eventual accreditation.

NOTE: Students admitted and matriculating into the the program in 2017, 2018 and 2019 should be aware that if the program fails to achieve accreditation that they will not be eligible to sit for the licensure examination to practice physical therapy.

Filing a Complaint with CAPTE

Any person may file a complaint with CAPTE if that person believes that the Department of Physical Therapy program at PSU is failing to fulfill its commitment to CAPTE standards.

To file such a complaint, follow this link <http://www.capteonline.org/Complaints/>

Mission, Philosophy & Goals

Mission Statement

The Mission of the Department of Physical Therapy is to provide a vibrant scholarly community for physical therapy in New Hampshire through teaching, research, service and practice contributing to the American Physical Therapy Association's vision of "transforming society by optimizing movement to improve the human experience." The Department's focus is on the education of physical therapists to serve the community in the fields of movement and rehabilitation to provide competent care as autonomous providers, leaders, collaborative team members, and innovators while being respectful, culturally sensitive and socially responsible.

Educational Philosophy

The Department of Physical Therapy adopts the educational philosophy of Plymouth State University based on academic excellence, learner-centered teaching, experiential learning, applied research, regional service, and leadership. Along with the University, the Department embraces the complementary relationship between liberal arts and professional studies, between academic and professional development, between service and individual growth, and between the University campus and the larger community.

Department Philosophy

The Department embraces a critical realist philosophy of science and its associated consequences that ontology determines epistemology, and the stratification of reality. We fully support the use of evidence-based empirical observations in the development of knowledge, and the subsequent rationale development of knowledge for use in practice, a framework we describe as knowledge-based practice. We believe the best representations of knowledge for practice are causal structures, including models and networks from which logical inferential rules can be applied in clinical decision-making (See Theory to Practice)

Department Goals

Students will be:

S1. Professional, reflective, self motivated and directed adult learners that are respectful, culturally sensitive and socially responsible

Graduates will be:

G1. Competent, autonomous and collaborative Doctors of Physical Therapy that are prepared to provide evidence guided, knowledge based physical therapy practice to positively impact people's lives and transform society as agents of change in their communities

G2. Prepared as health team leaders and advocates for innovation in the profession while being respectful, culturally sensitive and socially responsible

Faculty will:

F1. Foster scholarship, reflection, and inquiry in physical therapy practice that supports and advances the body of knowledge contributing to health and rehabilitation innovation and reform through the scholarship of discovery, integration, application (engagement) and teaching

F2. Be a model for students as professional, reflective, self motivated and directed adult learners that are respectful, culturally sensitive and socially responsible as they pursue involvement in professional associations, achievement of promotion and tenure, and improvement in their academic credentials

The Program will:

P1. Foster a community of scholarly inquiry and reflective practice for physical therapy in New Hampshire

P2. Examine global aspects of health, movement and wellbeing and its impact on society through community partnerships

P3. Examine the effectiveness of a hybrid (concept and problem based) curriculum with progressive components of apprenticeship

The Curriculum will:

C1: Be delivered with a well organized, sequenced and integrated plan that includes content regarding contemporary practice of physical therapy based on standards of practice, current literature, documents, publications, and other resources related to the

profession, and to the delivery of health care services, to physical therapy education, and to educational theory.

C2: Consider the changing roles and responsibilities of the physical therapy practitioner and the dynamic nature of the profession and the health care delivery system.

DPT Education Program

Summary Narrative

The DPT curriculum at Plymouth State University is a full time day program with a sequential three year, three semester/year, 117 credit curriculum in which students use knowledge from prior coursework to build further knowledge and expertise as they progress through the program. In the Patient/Client Management course sequence students learn to perform a PT examination and evaluate the findings to formulate a diagnosis, prognosis, and plan of care, and to provide interventions for patients with problems commonly encountered in physical therapy. Students are involved in practice experiences starting with their first semester and throughout the entire curriculum whether on campus through the Integrated Clinical or off campus through Clinical Education. Emphasis is placed on the development of fluid, proficient psychomotor skills used in practice while the depth and breadth of the students responsibility to solve the problems progresses. Students will progressively learn to use evidence as a basis for a knowledge based practice demonstrating increasing levels of clinical inquiry and decision making.

The curriculum includes concept and problem based components throughout. During the three year program there is a decrease in the number of courses and an increase in the number of credits for the primary sequenced courses Integrated Clinical and Patient / Client Management. This reflects the unification of prior concepts in these courses as the student progresses toward entry level practice. The purpose here is to promote as much unity in the learning experience as possible for the student.

The program concepts are threaded with the themes of theory and practice as tightly intertwined and necessary compliments of one another. Theory informs current practice and inspires innovation and transformation. Practice informs current theory as a test of its ability to model reality and as a guide to future theoretical understanding. The curriculum's required 117 graduate credits are a well balanced mix of foundational and clinical theory course work and clinical practice course work and experiences. Theory courses are divided into three primary areas: Knowledge Foundations, Systems Theory and Knowledge Development. Practice courses are divided into Practice Courses, Clinical Practice and Practice Reflection. Faculty and students work together to foster an environment, both in and out of the classroom, of learning and scholarship.

Expected Costs

Annual Tuition (2017-2018)

- \$26,000 in state, \$8,666/term for 3 terms
- \$29,840 out of state, \$9,946/ term for 3 terms

Fees

- \$34 per credit enrollment fee per semester
- Mandatory Graduate Fee per semester
- non-refundable 2.75 percent service charge will be assessed on all credit/debit card transactions

The Graduate Studies Refund Policy and Schedule are located at:

<https://www.plymouth.edu/graduate/academics/catalog/graduate-studies-policies/#course-refund-schedule>

And Graduate Studies Financial Aid information can be found at:

<https://www.plymouth.edu/graduate/admissions/financial-aid/>

Other costs to consider

APTA Student Membership (\$95 annually)

Background checks (PTCAS Background Check \$75/applicant)

Parking Pass (\$150)

Travel to/from clinical sites (varies)

Immunizations/Drug Screens (varies)

Health Insurance (varies)

Room & Board (varies - students may need to relocate during full time clinical education experiences for 10 - 14 weeks)

Books (Varies)

Laptop requirement (varies)

Graduation from the DPT Program

Graduation from the DPT program requires successful completion in good academic standing (See Academic Standing) of the full course of study (See Curriculum) within 6 calendar years. When students successfully complete this course of study, it is the expectation of the Program, based on the organization, requirements and sequence of the Curriculum and course (including Clinical Education) requirements that the student is ready for Entry Level Practice as a Physical Therapist and, pending full Accreditation by the Commission on Accreditation of Physical Therapy Education (CAPTE) eligible to sit for the National Physical Therapy Examination to be considered for Licensure as a Physical Therapist.

Therefore, the program is compelled to due diligence in outlining a process to identify and distinguish false negatives from true negatives. And then how to proceed if it is determined to be a true negative (that a student's final Clinical Experience did not reach entry level performance).

When a student is not making progress towards achieving entry-level performance on their final Clinical Experience it should be identified through prior coursework, including Integrated Clinical courses and Clinical Experiences I and II. In such cases remediation strategies are developed in process and a student's final Clinical Experience (and therefore graduation may be delayed).

The following describes the process when a student does not achieve the required entry level performance by the end of their Clinical Experience III. This process starts with a presentation of the case by the DCE to the core faculty with all relevant information regarding the students progress towards and ultimate performance on the final Clinical Experience. The DCE's case includes both the student's and clinical instructor's written statements, the CPI including all comments, weekly summaries, and notes from any meetings during the Clinical Experience. As many details of the case will be presented. After the presentation of facts the DCE then provides their evaluative summary and recommendation. Much weight is given to the DCE's recommendation for the following reason. We believe we can minimize the likelihood of false negatives by maintaining a small set of core clinical education partners and clinical faculty. This includes maximizing the number of clinical faculty that are credentialed clinical instructors and providing continuing education and other professional development activities to clinical faculty. Through this process the DCE develops a sense of the capabilities of a given clinical instructor providing the assessment. The DCE is expected to include these considerations in their evaluative summary and recommendation.

Outcome 1: If it is deemed that not achieving entry-level performance on Clinical Experience III was a false negative then the student will proceed to graduation.

Outcome 2: If it is deemed that we cannot determine whether not achieving entry-level performance on Clinical Experience III was a false negative then the faculty will develop

a final comprehensive practical clinical examination for the student. If passed the student will graduate. If failed the student will proceed to outcome 3.

Outcome 3: If it is deemed that the student has not achieved entry level performance on Clinical Experience III then a remediation plan will be developed which will first require on campus coursework and either an extension or repeating of Clinical Experience III.

Note: Either outcome 2 or 3 will allow the student due process with an appeal accepted and considered. Prior to the faculty decision the student's contribution is considered as part of the DCE presentation of the case.

Curriculum Plan by Content Area

<i>Theory</i>			
Knowledge Foundations		Credits	Term
PTH6110	Clinical & Functional Anatomy	4	Summer 1
PTH6111	Clinical Physiology	3	Summer 1
PTH6120	Neuroscience	4	Fall 1
PTH6121	Musculoskeletal Conditions & Management	3	Fall 1
PTH6130	Pathophysiology & Pharmacology I	3	Spring 1
PTH8210	Pathophysiology & Pharmacology II	3	Summer 2
PTH6131	Exercise Prescription & Nutrition	3	Spring 1
Total		23	
Systems Theory		Credits	Term
PTH6112	Ethics & Value Systems	2	Summer 1
PTH6132	Movement Systems	4	Spring 1
PTH6122	Dynamic Systems I: Movement & Adaptation	3	Fall 1
PTH6133	Dynamic Systems II: Environmental Interactions	3	Spring 1
PTH8232	Psycho/Social Systems	3	Spring 2
PTH8322	Health Systems	6	Fall 3
Total		21	
Knowledge Development		Credits	Term
PTH6124	Clinical Inquiry I: Causality & Inference	3	Fall 1
PTH8224	Clinical Inquiry II: Study Design	3	Fall 2
PTH8234	Clinical Inquiry III: Models, Reviews, & Guidelines	3	Spring 2
PTH8324	Capstone I	3	Fall 3
PTH8334	Capstone II	1	Spring 3
Total		13	
Practice			

Practice Courses		Credits	Term
PTH6115	Patient / Client Management I	2	Summer 1
PTH6125	Patient / Client Management II	4	Fall 1
PTH6135	Patient / Client Management III	4	Spring 1
PTH8215	Patient / Client Management IV	5	Summer 2
PTH8235	Patient / Client Management V	6	Spring 2
Total		21	
Clinical Practice		Credits	Term
PTH6116	Integrated Clinical I	1	Summer 1
PTH6126	Integrated Clinical II	1	Fall 1
PTH6136	Integrated Clinical III	1	Spring 1
PTH8216	Integrated Clinical IV	2	Summer 2
PTH8236	Integrated Clinical V	2	Spring 2
PTH8326	Integrated Clinical VI	3	Fall 3
PTH8226	Clinical Education I	8	Fall 2
PTH8316	Clinical Education II	8	Summer 3
PTH8336	Clinical Education III	10	Spring 3
Total		36	
Meta Cognitive / Practice Reflection		Credits	Term
PTH8227	Clinical Reflection I	1	Fall 2
PTH8317	Clinical Reflection II	1	Summer 3
PTH8337	Clinical Reflection III	1	Spring 3
Total		3	
Total Credits		117	

Curriculum Plan by Semester

Summer 1		Credits	Fall 1		Credits	Spring 1		Credits
PTH6110	Clinical & Functional Anatomy	4	PTH6120	Neuroscience	4	PTH6130	Pathophysiology & Pharmacology I	3
PTH6111	Clinical Physiology	3	PTH6121	Musculoskeletal Conditions & Management	3	PTH6131	Exercise Prescription & Nutrition	3
PTH6112	Ethics & Value Systems	2	PTH6122	Dynamic Systems I: Movement & Adaptation	3	PTH6132	Movement Systems	4
PTH6115	Patient / Client Management I	2	PTH6124	Clinical Inquiry I: Causality & Inference	3	PTH6133	Dynamic Systems II: Environmental Interactions	3
PTH6116	Integrated Clinical I	1	PTH6125	Patient / Client Management II	4	PTH6135	Patient / Client Management III	4
		12	PTH6126	Integrated Clinical II	1	PTH6136	Integrated Clinical III	1
					18			18
Summer 2		Credits	Fall 2		Credits	Spring 2		Credits
PTH8210	Pathophysiology & Pharmacology II	3	PTH8226	Clinical Education I	8	PTH8232	Psycho/Social Systems	3

PTH821 5	Patient / Client Management IV	5	PTH822 7	Clinical Reflection I	1	PTH823 4	Clinical Inquiry III: Models, Reviews, & Guidelines	3
PTH821 6	Integrated Clinical IV	2	PTH822 4	Clinical Inquiry II: Study Design	3	PTH823 5	Patient / Client Management V	6
		10			12	PTH823 6	Integrated Clinical V	2
								14
Summer 3		Credits	Fall 3		Credits	Spring 3		Credits
PTH831 6	Clinical Education II	8	PTH832 2	Health Systems	6	PTH833 6	Clinical Education III	10
PTH831 7	Clinical Reflection II	1	PTH832 6	Integrated Clinical VI	3	PTH833 7	Clinical Reflection III	1
		9	PTH832 4	Capstone I	3	PTH833 4	Capstone II	1
					12			12

Student Learning Outcomes

A word on course and program student learning outcomes

Course objectives either progress towards or satisfy the overall program objectives. This connection means that objectives throughout the program are cumulative, progressive and continuous expectations. Once an objective is met it continues to be expected during the curriculum even if it is not an explicitly stated course objective.

When course objectives are progressive toward overall program objectives in a course sequence (i.e. Patient / Client Management I - V) they will be explicitly repeated often with the same language. Progression is achieved in depth and breadth by repetitive coverage and use of prior and concurrent practical and theoretical knowledge. For example, the difference between Patient / Client Management (PCM) I and II is that PCM II makes full use of the knowledge gained in Clinical & Functional Anatomy, and starts using knowledge gained in Musculoskeletal Conditions & Management. So the objective: "Explain screening and the factors that contribute to determining whether patients/clients need further examination or consultation by a physical therapist or referral to another health care professional (7D16)" in PCM II will include more depth in screening related to musculoskeletal conditions.

Course objectives that meet a Program Student Learning Outcome include the Standard 7 code in parentheses at the beginning of the objective. Course objectives that progress toward completion of a particular Program Student Learning Outcome includes the Standard 7 code in parentheses at the end of the objective.

Program Student Learning Outcomes

The program student learning outcomes (PSLOs) are derived from the Commission on Accreditation on Physical Therapy Education (CAPTE) Standard 7: "The curriculum includes content, learning experiences, and student testing and evaluation processes designed to prepare students to achieve educational outcomes required for initial practice in physical therapy and for lifelong learning necessary for functioning within an ever- changing health care environment." These PLSOs fully cover the American Physical Therapy Associations set of "Minimum Required Skills of the Physical Therapist Graduate at Entry Level (BOD G11-05-20-49 [Guideline], 2009).

At completion of the DPT program graduates are prepared to:

7D1 Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.

7D2 Report to appropriate authorities suspected cases of abuse of vulnerable

populations.

7D3 Report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services.

7D4 Practice in a manner consistent with the APTA *Code of Ethics*.

7D5 Practice in a manner consistent with the APTA *Core Values*.

7D6 Implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values.

7D7 Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.

7D8 Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.

7D9 Access and critically analyze scientific literature.

7D10 Apply current knowledge, theory, and professional judgment while considering the patient/client perspective, the environment, and available resources.

7D11 Identify, evaluate and integrate the best evidence for practice with clinical judgment and patient/client values, needs, and preferences to determine the best care for a patient/client.

7D12 Effectively educate others using teaching methods that are commensurate with the needs of the learner, including participation in the clinical education of students.

7D13 Participate in professional and community organizations that provide opportunities for volunteerism, advocacy and leadership.

7D14 Advocate for the profession and the healthcare needs of society through legislative and political processes.

7D15 Identify career development and lifelong learning opportunities, including the role of the physical therapist in the clinical education of physical therapist students.

7D16 Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

7D17 Obtain a history and relevant information from the patient/client and from other sources as needed.

7D18 Perform systems review. Including the cardiovascular/pulmonary system through the assessment of blood pressure, heart rate, respiration rate, and edema; the integumentary system through the gross assessment of skin color, turgor, integrity, and the presence of scar; the musculoskeletal system through the gross assessment of range of motion, strength, symmetry, height, and weight; the neuromuscular system through the general assessment of gross coordinated movement and motor function; and the gross assessment of communication ability, affect, cognition, language, and learning style, consciousness, orientation, and expected behavioral/emotional responses.

7D19 Select, and competently administer tests and measures appropriate to the patient's age,

diagnosis and health status including, but not limited to, those that assess: Aerobic Capacity/Endurance, Anthropometric Characteristics, Assistive Technology, Balance, Circulation (Arterial; Venous; Lymphatic), Self-Care and Civic; Community; Domestic;

Education; Social and Work Life, Cranial and Peripheral Nerve Integrity, Environmental Factors, Gait, Integumentary Integrity, Joint Integrity and Mobility, Mental Functions, Mobility (including Locomotion), Motor Function, Muscle Performance (including Strength; Power; Endurance; and Length), Neuromotor Development and Sensory Processing, Pain, Posture, Range of Motion, Reflex Integrity, Sensory Integrity, Skeletal Integrity, Ventilation and Respiration or Gas Exchange

7D20 Evaluate data from the examination (history, health record, systems review, and tests and measures) to make clinical judgments.

7D21 Use the International Classification of Function (ICF) to describe a patient's/client's impairments, activity and participation limitations.

7D22 Determine a diagnosis that guides future patient/client management.

7D23 Determine patient/client goals and expected outcomes within available resources (including applicable payment sources) and specify expected length of time to achieve the goals and outcomes.

7D24 Establish a safe and effective plan of care in collaboration with appropriate stakeholders, including patients/clients, family members, payors, other professionals and other appropriate individuals.

7D25 Determine those components of the plan of care that may, or may not, be directed to the physical therapist assistant (PTA) based on (a) the needs of the patient/client, (b) the role, education, and training of the PTA, (c) competence of the individual PTA, (d) jurisdictional law, (e) practice guidelines policies, and (f) facility policies.

7D26 Create a discontinuation of episode of care plan that optimizes success for the patient in moving along the continuum of care.

7D27 Competently perform physical therapy interventions to achieve patient/client goals and outcomes. Interventions include: Airway Clearance Techniques, Assistive Technology: Prescription; Application; and; as appropriate; Fabrication or Modification, Biophysical Agents, Functional Training in Self-Care and in Domestic; Education; Work; Community; Social; and Civic Life, Integumentary Repair and Protection Manual Therapy Techniques (including mobilization/manipulation thrust and nonthrust techniques), Motor Function Training (balance; gait; etc.), Patient/Client education, Therapeutic Exercise.

7D28 Manage the delivery of the plan of care that is consistent with professional obligations, interprofessional collaborations, and administrative policies and procedures of the practice environment.

7D29 Delineate, communicate and supervise those areas of the plan of care that will be directed to the PTA.

7D30 Monitor and adjust the plan of care in response to patient/client status.

7D31 Assess patient outcomes, including the use of appropriate standardized tests and measures that address impairments, functional status and participation.

7D32 Complete accurate documentation related to 7D15 - 7D30 that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.

- 7D33** Respond effectively to patient/client and environmental emergencies in one's practice setting.
- 7D34** Provide physical therapy services that address primary, secondary and tertiary prevention, health promotion, and wellness to individuals, groups, and communities.
- 7D35** Provide care through direct access.
- 7D36** Participate in the case management process.
- 7D37** Assess and document safety risks of patients and the healthcare provider and design and implement strategies to improve safety in the healthcare setting as an individual and as a member of the interprofessional healthcare team
- 7D38** Participate in activities for ongoing assessment and improvement of quality services.
- 7D39** Participate in patient-centered interprofessional collaborative practice.
- 7D40** Use health informatics in the health care environment.
- 7D41** Assess health care policies and their potential impact on the healthcare environment and practice.
- 7D42** Participate in the financial management of the practice setting, including accurate billing and payment for services rendered.
- 7D43** Participate in practice management, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement.

Non-Discrimination Policy

Graduate Studies Non-Discrimination Policy

The University, in accordance with federal and state laws and regulations, does not discriminate on the basis of race, color, religion, national origin, gender, sexual orientation, gender identity or expression, age, veteran's status, or disability, in admission or access to, treatment of, or employment in its programs or activities. Inquiries regarding this policy should be made to: Vice President for Student Affairs, MSC 4, Plymouth State University, 17 High Street, Plymouth NH 03264-1595

Further inquiries may also be addressed to the Director, Office of Civil Rights, United States Department of Education, Washington DC 20201.

<https://www.plymouth.edu/graduate/academics/catalog/university-policies/>

University Non-Discrimination Policy

The policy of the Board of Trustees prohibits discrimination on the basis of sex, race, color, religion, age, sexual orientation, gender identity or expression, physical or mental disability, marital status, veteran's status, political orientation and/or activity as long as any such status or activity is lawful and is not detrimental to any student, faculty member, staff person, employee or the interests of any of our academic institutions. This policy shall apply in the acceptance of students; the recruitment and employment of faculty and staff; the awarding of grants, scholarships and other funds; in the acceptance of grants and donations; and in the operation of all courses, programs and services.

<https://www.plymouth.edu/about-psu/nondiscrimination-policy/>

DPT Academic Calendar

The DPT Program follows the University undergraduate calendar including a required summer semester (3 years, 3 semesters / year, 9 total semesters).

DPT Summer semester will begin June 5th (online) and June 12th (on campus) and continue for 11 weeks (from June 5th) with a short break for the July 4th holiday.

The Fall and Spring semester calendar will follow the posted PSU Undergraduate Calendar.

Transfer of Credit Policy

At this time the program does not accept a transfer of credit to the DPT program.

Academic Advising

Modified for the DPT Program from the Plymouth State University Graduate Studies Policy:

Upon acceptance into the DPT program, students will be e-mailed a letter of acceptance indicating that they have been accepted; their advisor and the advisor's contact information; and the curriculum planning guide outlining the course of study that the student needs to complete to meet graduation requirements, and the date of the DPT Student Orientation (usually the second week of June).

Students are required to notify the Department of Physical Therapy and the Graduate Studies office of their intent to matriculate in the upcoming cohort (starts the June after the student has been accepted). The student's acceptance indicates the student's plan to enter the program designated in the acceptance letter; the student's agreement to follow the curriculum planning guide enclosed with the letter (aligned with the most current catalog); and the student's agreement to follow through with the DPT student orientation and required initial advising meeting.

DPT Students are required to focus on the DPT program courses and are prohibited from registering for courses that are not required for the DPT program as stipulated in the Graduate Catalog at the time of matriculation.

While students are enrolled in the DPT program they are required to focus on the DPT program courses and are prohibited from registering for courses that are not required for the DPT program

All admitted students are required to meet with their advisor in their first term of study, and each semester they are on campus as a DPT student. Advising meetings are required in person.

Students must visit with faculty following any sign of difficulty in a course, such as an examination, quiz or assignment grade less than a B, or signs of altered behavior based not only on expectations for professional conduct but the students typical presentation (for example, at a faculty members request). Corrective plans can be developed at the request of a student or faculty member for a student should it be identified during a course when knowledge, behavior or skill deficits, or unsafe practices are identified. Corrective plans are developed on a case by case basis and thus adjust and adapt to particular situations in order to support a diverse set of student issues.

Essential Technical Standards

Enrollment in the DPT Program assumes certain essential cognitive, emotional, and technical skills. The Essential Technical Standards contain those abilities and skills that DPT students must possess to engage safely and competently in required learning activities and eventually as physical therapists.

The abilities and skills are described in five domains: observation skills; communication skills; motor skills (fine and gross); intellectual-conceptual, integrative and quantitative abilities; and behavioral and social/emotional attributes.

Students are required to affirm their ability to meet Essential Technical Standards at the beginning of the program, following a change in health condition, and when returning from a leave of absence.

DPT Student Declaration of abilities and skills*

Prior to the start of DPT classes, matriculating students must indicate that they possess the abilities reflected in the technical standards described below, either with or without reasonable accommodation.

A DPT candidate with a disability who wishes reasonable accommodation must contact the Plymouth Academic Support (PASS) Office, Lamson Learning Commons, Room 003, Phone: 603-535-2270, Fax: 603-535-2277, 17 High Street, MSC #9, Plymouth, NH 03264 .

An offer of admission may be withdrawn or a DPT candidate may be withdrawn from the program if it becomes apparent at any time that he or she cannot complete the technical standards even with accommodations, that the accommodations needed are not reasonable, or that fulfilling the functions would create a significant risk of harm to the health or safety of the student or others.

Essential Technical Standards

Physical Therapy is an intellectually, physically, and psychologically demanding profession.

The focus of the mission of the PSU PT department is the education of physical therapists to serve the community in the fields of movement and rehabilitation to provide competent care as autonomous providers, leaders, collaborative team members, and innovators while being respectful, culturally sensitive and socially responsible. The Department shares the University's adoption of Nondiscrimination (See the Non-Discrimination Policy). Therefore, all applicants, will be held to the same admission standards. Once accepted, all DPT degree candidates will be held to the same technical

standards, with reasonable accommodations provided when necessary and appropriate.

All individuals applying to the PSU DPT Program will be expected to have completed the same academic prerequisites regardless of whether accommodations were provided in completing those prerequisites. No applicant is required to disclose the details of any accommodations and no otherwise qualified individual will be denied admission to the DPT program based solely upon prior accommodations.

Being a physical therapist is the purpose of pursuing the DPT. Matriculation into the DPT program assumes the goal of the candidate is to eventually practice as a physical therapist. Practicing physical therapy requires certain essential technical skills. Therefore, DPT students must be capable of these essential technical skills. What follows are the essential technical skills considered necessary for practicing physical therapy. They are described in five domains, including observation skills; communication skills; motor skills; intellectual-conceptual, integrative and quantitative abilities; and behavioral and social/emotional attributes.

Observation Skills

Observation requires the functional use of vision, hearing, touch, and the use of common sense. Candidates must have visual perception, which includes depth and acuity. A candidate must be able to observe lecture and laboratory demonstrations. The candidate must be able to observe a patient accurately and obtain an appropriate medical history directly from the patient or guardian. Examples in which these observational skills are required include: observation of skin color; breathing regularity; temperature of skin; muscle tone; facial expressions; palpation of peripheral pulses, bony prominences and ligaments; visual and tactile evaluation for areas of inflammation; and visual and tactile assessment of the presence and degree of swelling. A candidate must be able to observe a patient accurately at a distance and close at hand, noting nonverbal as well as verbal signals. The candidate must have sufficient vision, hearing, and touch to detect patient/client needs in a busy clinical environment. The candidate must be able to read and interpret equipment, patient charts, and diagnostic tests. The candidate must also be able to accurately monitor dials, displays, and equipment used in treatment of patients including exercise equipment and electrical modalities.

Communication Skills

Communication includes: speech, language, reading, writing and computer literacy. Students must be able to communicate effectively, sensitively, and convey a sense of compassion and empathy with patients and their families, as well as perceive non-verbal communications, and to deal effectively with cultural and ethnic diversity. Physical therapy education presents exceptional challenges in the volume and breadth of required reading and the necessity to impart information to others. Candidates must be able to communicate quickly, effectively and efficiently in oral and written English

with all members of the health care team. Candidates must be able to complete forms according to directions in a complete and timely fashion. The candidate must be able to demonstrate the ability to deliver and receive complex information in one-on-one and group settings, respond to questions from a variety of sources and respond appropriately to verbal and non-verbal communication, as well as explain complex information according to the listener's needs and abilities, both formally and informally. A candidate must be able to complete paper and/or on-line forms and documentation according to directions in a timely fashion, accurately elicit information and describe a patient's change in mood, thought, activity and posture. Candidates must be able to demonstrate sufficient communication skills to effectively train other DPT candidates, patients, family and support personnel.

Motor Skills

The candidate must have sufficient strength, endurance and motor skills to effectuate the coordination of both gross and fine muscular movement, equilibrium, and the integrated use of touch and vision. Sufficient physical stamina is required to complete the rigorous course of didactic and clinical study. The candidate must be able to access and negotiate laboratories, classrooms and workstations, attend clinical internships, and accomplish required tasks in the clinic and academic settings. The candidate must be able to perform emergency procedures such as: cardiopulmonary resuscitation; safely lift, transfer and position patients; safely assist and guard patients during gait training; safely and effectively administer exercise and examination procedures that require resistance or facilitation; perform non-surgical wound debridement, and manually adjust exercise equipment and assistive devices. Long periods of sitting, standing, and moving are required in classroom, laboratory and clinical experiences. The candidate must demonstrate: sufficient balance, coordination and ability to accompany and detect loss of balance in patients who are walking; the ability to support and guard patients who lose their balance during walking on level surfaces, as well as on stairs and uneven terrains/ramps; sufficient freedom of movement to be able to participate in all classroom and clinical activities; and the ability to lift and carry heavy objects. Required movements may include: pushing; pulling; standing; sitting for long periods of time with and without back support; twisting; kneeling; stooping and bending. The candidate must be able to use motor skills to accurately assess changes in: muscle tone, tissue and skin temperature, joint position, chest sounds and peripheral pulses, joint play and other examination tests. The candidate must also be able to: effectively apply compression, traction, resistance, and percussion; and demonstrate sufficient fine motor skills to be able to manipulate small objects and write legibly. The candidate must be able to respond to bells and alarms related to emergencies. At all times the ability to administer care to patients in a safe manner is paramount.

Intellectual-Conceptual, Integrative and Quantitative Abilities

To effectively solve problems, the candidate must be able to: measure, calculate, reason, analyze, comprehend, integrate and synthesize information from the clinical,

natural, and social sciences in a timely fashion. For example, the candidate must be able to synthesize knowledge and integrate the relevant aspects of a patient's history, physical examination, and laboratory data. The candidate must be able to: provide a reasoned explanation for likely therapy, recalling and retaining information in an efficient and timely manner. The ability to incorporate new information from peers, teachers, and the medical literature in formulating treatment plans is essential. In addition, the candidate must be able to comprehend three-dimensional relationships and to understand spatial relationships of structures. The candidate must have the ability to use computers for searching, recording, storing, and retrieving information. The candidate must be able to understand theory, research literature, and principles that apply to physical therapy practice, and analyze and solve complex patient problems. The candidate must be able to utilize knowledge of natural, clinical, and social sciences to develop appropriate interventions in a clinical setting. The ability to use critical analysis to understand theory, research literature, and principles that apply to physical therapy practice and to apply Bayesian, abductive, inductive and deductive clinical reasoning to solve complex patient problems is necessary. The candidate must be able to effectively engage in self-assessment of performance, as well as provide objective and constructive assessments of peers and faculty. The candidate must be able to identify significant findings based upon history and physical examination and interpret laboratory and diagnostic imaging data. The candidate must utilize sufficient judgment to ensure safe encounters with peers and patients and to effectively delegate to support personnel.

Behavioral and Social/Emotional Attributes

The candidate must be: dependable, punctual, ethical, and reliable; maintain professional demeanor in all situations; recognize stressors and be able to seek assistance as needed. Candidates must possess the emotional health required for full utilization of their intellectual abilities. They must: exercise good judgment, promptly complete all responsibilities attendant to the care of patients, and develop mature, sensitive and effective relationships with patients. The candidate must also demonstrate a commitment to learning by seeking new knowledge and understanding, formulating their own thoughts and ideas, and taking ownership of their educational advancement. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to: adapt to changing environments, display flexibility and function in the face of uncertainties inherent in clinical practice. They must be able to measure, calculate, reason, analyze and synthesize information effectively in the limited time demanded by a given clinical setting, while under stress, and in an environment in which other distractions may be present. The candidate must be able to abide by the APTA Code of Ethics, the Standards of Physical Therapy Practice and the Core Values, which can be found on the American Physical Therapy Association website at www.apta.org. Candidates must also be able to establish professional and empathetic relationships with individuals across the lifespan and from various cultures. Candidates must demonstrate integrity and honesty in the academic and clinical environment, as well as being able to engage in respectful interactions with individuals

from various lifestyles, cultures, races, socioeconomic classes and abilities. They must be able to develop and maintain respectful working relationships with peers, faculty, professional colleagues, patients, family members and the general public and to recognize the psychosocial impact of movement dysfunction and disability on clients and families. The candidate must be able to accept constructive feedback and respond with suitable action.

Specifically, DPT Students must be able to:

- Attend and participate in classes for 40 or more hours per week during each academic semester. Classes consist of a combination of lecture, discussion, laboratory, and clinical activities.
- Use auditory, tactile, and visual senses to receive classroom instruction and to evaluate and treat patients.
- Read, write, speak, and understand English at a level consistent with successful course completion and development of positive patient-therapist relationships.
- Complete readings, assignments, and other activities outside of class hours.
- Apply critical thinking processes to their work in the classroom and the clinic.
- Exercise sound judgment in class and in the clinic.
- Participate in clinical experiences, which typically require students to be present 40 or more hours per week on a schedule that corresponds to the operating hours of the clinic.
- Gather decision-making pieces of information during patient assessment activities in class or in the clinical setting without the use of an intermediary (classmate, aide, etc).
- Perform treatment activities in class or in the clinical setting by direct performance.
- Sit for two to 10 hours at a time, stand for at least one to two hours at a time, and walk or travel for at least two hours at a time
- Frequently lift weights less than 10 pounds and occasionally lift weights between 10 and 100 pounds.
- Occasionally carry up to 25 pounds while walking up to 50 feet.
- Frequently exert 75 pounds of push/pull forces up to 50 feet and occasionally exert 150 pounds of push/pull forces for this distance.
- Frequently twist, bend and stoop.
- Occasionally squat, crawl, reach above shoulder level, and kneel.
- Frequently move from place to place and position to position at a speed that permits safe handling of classmates and patients.
- Frequently stand and walk while providing support to a classmate simulating a disability or while supporting a patient with a disability.
- Occasionally climb stairs and negotiate uneven terrain.
- Frequently use hands repetitively with a simple grasp and frequently with a firm grasp.
- Frequently perform tasks requiring manual dexterity skills.
- Frequently coordinate activities with gross motor and communication skills.

*Information and design from The Essential Standards and Technical Standards documents from the Graduate Program in Physical Therapy at University of New England, Central Michigan and Sacramento State, and University of Buffalo's Doctor of Physical Therapy Program, as well as the generic abilities developed by the physical therapy program at the University of Wisconsin-Madison.

Student with Special Needs

DPT Students that anticipate difficulty fulfilling any of the Essential Technical Standards should initiate a discussion with their advisor, the Program Director, the Director of Clinical Education.

A DPT student requiring reasonable accommodation must contact the Plymouth Academic Support (PASS) Office, Lamson Learning Commons, Room 003, Phone: 603-535-2270, Fax: 603-535-2277, 17 High Street, MSC #9, Plymouth, NH 03264 .

<https://www.plymouth.edu/services/pass/disability-services/>

Reasonable accommodations:

- Are provided to help minimize the impact of the student's disability, provide equal access to the University's programs and services while upholding the academic, clinical, and technical standards of the DPT Program.
- Are provided to assist the student in learning, performing and satisfying the fundamental standards, so long as the student provides comprehensive documentation establishing his/her disability status prior to the need for reasonable accommodation
- Are provided only to the extent that such accommodation does not result in lowering the technical standards of the Department of Physical Therapy, interfering with the rights of other students, interfering with the safety of patients either on campus or while the student is on their clinical education rotations
- Do not exempt DPT candidates from completing certain tasks deemed essential
- Do not include reliance on peers- When a candidate's ability to function is compromised (with or without accommodation) the candidate must demonstrate alternative means and/or abilities to acquire essential information and demonstrate essential tasks without reliance upon another person to help perform that essential task.
- Are determined by the PSU Plymouth Academic Support (PASS) Office in consultation with DPT faculty.
- In addition, DPT faculty are available to work with candidates with disabilities to help identify strategies that might assist them in performing technical standards.
- Do not necessarily extend to the Clinical Education sites. If a student's

reasonable accommodation is extra time for examinations this is granted while completing the classroom and laboratory requirements of the DPT program on campus. The expectation is that such an accommodation will allow the student to progress towards completing required tasks without extra time while in a clinical setting (such as Clinical Education experiences). The ultimate marker of successful completion of the final Clinical Education rotation is readiness for entry level practice. This requires meeting standards of the profession. The professional standard is being able to fulfill the tasks of a physical therapist without extended time. In other words, extended time is not considered a reasonable accommodation for physical therapy practice. If the student requires additional time in the program then the additional time accommodation may require additional semesters prior to being ready to successfully start the final Clinical Education rotation and may result in a delay in graduation (See Readiness for Clinical Education).

Objective Structured Clinical Examinations (OSCEs)

The DPT Program utilizes Objective Structured Clinical Examinations (OSCEs) for final student evaluations in Patient / Client Management I through V (PCM I - V) as end of semester formative/summative assessments of performance, and a final OSCE at the end of the Fall Semester in the third year (Integrated Clinical VI) as a summative assessment.

The primary purpose of the OSCEs to test clinical skill performance and competence in a variety of simulated scenarios that allow simultaneous testing of adjunctive attributes such as communication, professional conduct and reasoning with formative (I - V) and summative (VI) assessments. A secondary purpose of the OSCE is to provide faculty with curriculum feedback as part of ongoing program assessment.

Each PCM OSCE is developed by the course coordinator in collaboration with the full team of faculty involved in the PCM course, as well as all faculty teaching in the Integrative Clinical courses and Clinical Instructors that are willing and available. OSCEs consists of a circuit of short (5–15 minutes) stations, in which each student is examined on a one-to-one basis with one or two examiner(s) and simulated patients (actors or electronic patient simulators). Each station has a different examiner. Students rotate through the stations, completing all the stations on their circuit. All students take the same stations and are assessed using exactly the same stations with the same grading criteria. Students are graded for each element of the grading rubric that they perform correctly. Each station has a very specific task. Detailed scripts are provided to ensure that the information is the same for all students, including the emotions that the patient should use during the consultation. Instructions are carefully written to ensure that the candidate is given a very specific task to complete.

The final summative OSCE (Integrated Clinical VI) is developed by the Integrated Clinical faculty in collaboration with the full team of core and associated faculty, and clinical faculty by invitation. The summative OSCEs consists of a circuit of short (5–15 minutes) stations, in which each student is examined on a one-to-one basis with one or two examiner(s) and simulated patients (actors or electronic patient simulators). Each station has a different examiner. Students rotate through the stations, completing all the stations on their circuit. All students take the same stations and are assessed using exactly the same stations with the same grading criteria. Students are graded for each element of the grading rubric that they perform correctly. Each station has a very specific task. Detailed scripts are provided to ensure that the information is the same for all students, including the emotions that the patient should use during the consultation. Instructions are carefully written to ensure that the candidate is given a very specific task to complete.

The OSCE is carefully structured to include parts from all elements of each PCM course (I - V) and the several fundamental integrated clinical elements for the final

summative OSCE (VI) including those being integrated and accumulating through the curriculum allowing testing in a wide range of skills. The OSCE is designed to apply clinical and theoretical knowledge. Where theoretical knowledge is required, for example, answering questions from the examiner at the end of the station, then the questions are standardized and the candidate is only asked questions that are on the mark sheet and if the candidate is asked any others then there will be no marks for them. (Modified under a Creative Commons License from Wikipedia, https://en.wikipedia.org/wiki/Objective_structured_clinical_examination)

OSCE Failure

The PCM (formative) OSCE grades are incorporated into the PCM course grades. Successfully completing each OSCE requires a grade of at least an 72%. An OSCE grade of less than 72% results in a PCM course grade of an F. There are elements to an OSCE grade that are considered safety concerns and failure in a element related to a safety concern can result in immediate failure of the OSCE.

If a student fails an OSCE they can repeat one time and achieve a maximal grade of a 72%.

Prior to the repeat OSCE the student must meet with the PCM course coordinate to review the OSCE results, develop a remediation plan and make plans for the repeat OSCE. The repeat OSCE will be a subset of the full OSCE, including only the elements that clearly led to failure.

Academic Standing

Students should become familiar with Plymouth State University and Graduate Studies policies and procedures:

Plymouth State University Policies

<https://www.plymouth.edu/graduate/academics/catalog/university-policies/>

Graduate Studies Policies

<https://www.plymouth.edu/graduate/academics/catalog/graduate-studies-policies/>

DPT Specific Policies

Note: The Department of Physical Therapy, Doctor of Physical Therapy program Policies for Academic Standing, Retention, Progression and Dismissal are more restrictive than the Graduate Studies policies due to the particular requirements and expectations of the program.

Academic Standing

A DPT student is in good academic standing when the following conditions are present:

- The student has a cumulative grade point average (GPA) of 3.0 or higher
- The student has no incomplete grades (IC)
- The student has no more than 9 credits below a grade of B
- A passing grade in all DPT courses
- The student has no written complaints for violations of Professional Conduct (See Professional Conduct)
- The student is considered ready for clinical education (see Readiness for Clinical Education)

A DPT student is not in good academic standing if either of these conditions is present:

- The student has a cumulative grade point average (GPA) below 3.0
- The student has an incomplete grade (IC)
- The student has more than 9 credits below a grade of B
- A failure grade in any DPT course
- The student has a written complaint for a violation of Professional Conduct
- The student is not considered ready for clinical education (see Readiness for Clinical Education)

Students are notified through a letter from the Program Director if they are not in good

academic standing. Due to the integrated and sequential nature of the DPT program students cannot progress in the program or graduate from the program unless they are in good academic standing.

Students that are not in good academic standing must meet with their advisor and develop a corrective plan within 10 university business days of not being in good academic standing. The corrective plan is subject to approval by the faculty at its next scheduled faculty meeting. If the faculty do not approve the corrective plan then the student is dismissed from the program with the right to appeal (see below). Faculty consider the feasibility, adherence to curriculum policies such as the sequential nature of course requirements and pre-requisites as well as the student's history in the program such as success with previous corrective plans. Students may only submit one corrective plan while in the DPT program, therefore, if a student is not in good academic standing a second time they are immediately dismissed with the right to appeal (see below).

If the student does not follow their corrective plan within the time frame, they will be dismissed from the degree program with the right to appeal (see below).

Due to the integrated and sequenced DPT curriculum it is typical for a corrective plan to involve a delay in graduation due to the need to repeat courses that are not offered again until the next academic year.

Right to Appeal Dismissal

If the student wishes to appeal a dismissal, he or she should do so by submitting an appeal letter to the Program Director of the DPT Program that includes an explanation for why they believe they can return and be successful in the DPT program. This explanation should include suspected reasons for their prior problems and corrective strategies that would be utilized if the appeal is granted. This appeal will be brought to the Faculty for consideration. If accepted terms will be provided. If a student returns to the program following dismissal they will no longer have the right to appeal on a second dismissal.

If an appeal is not accepted by the Department a written explanation will be provided.

If an appeal is not accepted by the Department, or if the student does not have the right to an appeal (second dismissal) the student may appeal through a Student Request form to the associate vice president for academic affairs on matters related to affordance of due process and whether the student received fair consideration during the process.

After a final dismissal, should the student want to continue, he or she must reapply and be accepted into the program.

Please note that academic standing may impact financial aid status and veterans' and eligible dependents' receipt of GI Bill benefits.

Continual Enrollment

DPT students must continue to make progress toward earning their degree. Students who do not take all required courses during each semester in the program will be considered inactive and informed of this status in writing. Once notified of their inactive status, students must request reactivation in writing within 10 business days. Inactive students are automatically delayed one year since the courses they require will not be offered again until the next year. The student's program of study must still be completed within the original six-year program period. An inactive student will lose access to myPlymouth, and his or her student ID will be deactivated.

An inactive student must meet with their advisor to develop a corrective plan that is to be accepted by the full faculty. The corrective plan is subject to approval by the faculty at its next scheduled faculty meeting. If the faculty do not approve the corrective plan then the student is dismissed from the program with the right to appeal. The purpose of this corrective plan is to assure that the student will be engaged in activities during the year that will increase the retention of previously learned DPT course work. Returning from inactive status may require passing an examination that provides evidence that the student has retained the knowledge of all pre-requisite coursework for courses they will be taking in the semester they return.

After three years of inactivity, a student will be automatically withdrawn from the graduate program and will receive written notification of the withdrawal. At that time, the student's enrollment documents will be destroyed, unless the student immediately submits a written request for continuation. If, at a later date, the student decides to re-enroll in the graduate program, a new application must be submitted through the Physical Therapy Centralized Application System.

Students who choose to withdraw from the program must notify the Graduate Studies office in writing.

Incompletes and Extensions

An instructor may decide to enter a grade of incomplete (IC) on a student's record if unusual circumstances prevent completion of the course on time, and a minimal portion of the total class work needs to be completed. The course must be completed by the date specified by the instructor which must be set prior to the start of the next semester since all DPT courses are sequenced and dependent on all previous coursework being completed. If the course is not completed by this date, the grade specified by the instructor will be recorded. If no grade is specified, a default grade of F will be recorded. The instructor is responsible for documenting and notifying the student of the work to be completed and the deadline. A student may not graduate with an incomplete on his or

her transcript.

The extension (E) grade is not utilized in the DPT program.

Pass/No Pass Courses

Some courses are designated as Pass/No Pass. Credits earned by passing these courses are added to the total credits earned (graded and transfer courses as well as credit-by-exam). Pass/No Pass credits are also included in credits attempted. Credits earned in Pass/No Pass courses do not affect grade point average. These courses are particularly important in the DPT program since a No Pass grade in one single Pass/No Pass course means the student is not in good academic standing.

Course Add, Drop, and Withdrawal Policy

It is the student's responsibility to initiate the add, drop, or withdrawal process. Course changes are not official until processed by the Registrars office or accepted in our online registration system. All paper forms must be filled in completely and include the student's signature to be processed. Forms can be faxed, mailed, or delivered in person to the Graduate Studies office. A \$30 non-refundable registration fee will be assessed each term when registering for courses. If a DPT Student Withdraws from a course they will not be allowed to progress to the next semester in the DPT program due to the tightly integrated and sequenced curriculum. Before withdrawing from a course DPT students must meet with their advisor in an attempt to set up a corrective plan. If withdrawal remains necessary then the student must meet with their advisor to develop and submit a corrective plan within 10 university business days. The corrective plan is subject to approval by the faculty at its next scheduled faculty meeting. If the faculty do not approve the corrective plan then the student is dismissed from the program for lack of progress with the right to appeal.

Course Adds

Attendance in a class does not constitute an official add. Courses may be added up until the start of the class, pending availability. Students may add a course with the permission of the instructor after the course has started. To add a course, complete the Add/Drop form. All paper forms must be filled in completely and include the student's signature to be processed.

All DPT courses are restricted to students accepted and enrolled in the DPT program.

First Day Drop/Non-Participation

DPT Students who do not appear for the DPT Orientation and do not notify the Program Director before that meeting that they will be absent may be dropped from the program by the Program Director and their place may be given to another student.

Professional Conduct

As DPT students and representatives of the PSU DPT program, students are expected to adhere to the American Physical Therapy Association's Guide for Professional Conduct.

The essence of Professional Conduct for the physical therapist comes from the fact that it is a profession that provides a service. As such the emphasis is on the rights of person(s) for whom the service is being provided. Professional Conduct recognizes that all steps should be taken to facilitate interaction with the patient / client in a manner that does not detract the patient / client's attention, focus or purpose from that which is intended by the relationship developed with them as their physical therapist.

It is not appropriate to claim that your rights are violated by forcing you to adhere to conduct that does not suit your personal preferences or approach. As a professional it is not about your rights, it is about your responsibilities to the patient / client's rights.

Professional Conduct is required with interactions with all individuals in which the relationship is established, or currently in effect, due to your role as a student of the PSU DPT program. This mandates that a certain approach and discretion be taken in all interactions. It does not mandate an adherence to the status quo for the sake of authority, but it does mandate an appropriate response and approach to challenging the status quo, or questioning authority.

Students must recognize that Social Media is an extension and amplification of face to face communication and therefore is subject to consideration based on the Guide for Professional Conduct. Social Media is not to be considered a personal communication, but rather a public, social declaration that is often not commensurate with communication that adheres to Professional Conduct due to the scope and nature of it's audience. While on Clinical Rotations it is only appropriate to share experiences on Social Media with the explicit permission of your Clinical Instructor; during classes, labs or Integrated Clinical Experiences with the explicit permission of the Instructor; during Department Social Events with the explicit permission of all of those involved with the post (comments, pictures, etc).

Students must familiarize themselves with this guide (linked below) and bring questions regarding particular situations to their advisor, Faculty, Director of Clinical Education or the Program Director.

Violations of Professional Conduct

If a student is found to violate an aspect of Professional Conduct, or reasonable professional expectations that form the core or extend from the intent of this Guide for Professional Conduct (See Reasonable Professional Expectations), it is the obligation

of the Faculty to make the student aware, and to offer guidance to help the student recognize how they have deviated from expected Professional Conduct. If the student continues to demonstrate an inability to adhere to the Guide for Professional Conduct a written behavioral remediation plan will be developed on a case by case basis with the student, observing / reporting Faculty, student advisor and Director of Clinical Education.

Continued failure to comply with the terms of the written behavioral remediation plan will result in a written complaint for a violation of Professional Conduct and will therefore result in the student not being in good academic standing (see Academic Standing).

[http://www.apta.org/uploadedFiles/APTAorg/Practice and Patient Care/Ethics/GuideforProfessionalConduct.pdf](http://www.apta.org/uploadedFiles/APTAorg/Practice_and_Patient_Care/Ethics/GuideforProfessionalConduct.pdf)

Reasonable Professional Expectations

Reasonable Professional Expectations that are required for Professional Conduct include the set of Generic Abilities proposed by Warren May.* These Generic Abilities are provided as a guide to students to make it more clear, where needed, what Professional Conduct entails. These expectations are useful in identifying core issues associated with problems that students may experience in meeting Professional Conduct Expectations and thus useful in the development of behavioral remediation programs.

The generic abilities are attributes, characteristics or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are nevertheless required for success in the profession. The ten abilities and definitions developed are:

1. **Commitment to Learning:** The ability to self assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.
2. **Interpersonal Skills:** The ability to interact effectively with faculty members, patients/clients, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues.
3. **Communication Skills:** The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.
4. **Effective Use of Time and Resources:** The ability to obtain the maximum benefit from a minimum investment of time and resources.
5. **Use of Constructive Feedback:** The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving professional interaction.
6. **Problem-Solving:** The ability to recognize and define the problems, analyze data, develop and implement solutions, and evaluate outcomes.
7. **Professionalism:** The ability to exhibit appropriate professional conduct and to represent the profession effectively.
8. **Responsibility:** The ability to fulfill commitments and to be accountable for actions and outcomes.
9. **Critical Thinking:** The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the

irrelevant.

10. Stress Management: The ability to identify sources of stress and to develop effective coping behaviors.

*Developed by the Physical Therapy Program, University of Wisconsin-Madison, May et al. Journal of Physical Therapy Education. 9:1, Spring 1995

Commitment to Learning

Behavioral Criteria

Beginning Level

- Identifies problems
- Formulates appropriate questions
- Identifies and locates appropriate resources
- Demonstrates a positive attitude (motivation) toward learning
- Offers own thoughts and ideas
- Identifies need for further information

Developing Level (builds on preceding level)

- Prioritizes information needs
- Analyzes and subdivides large questions into components
- Seeks out professional literature
- Sets personal and professional goals
- Identifies own learning needs based on previous experiences
- Plans and presents an in-service, or research or case studies
- Welcomes and/or seeks new learning opportunities

Entry Level (builds on preceding levels)

- Applies new information and re-evaluates performance
- Accepts that there may be more than one answer to a problem
- Recognizes the need to and is able to verify solutions to problems
- Reads articles critically and understands limits of application to professional practice
- Researches and studies areas where knowledge base is lacking

Post-Entry Level (builds on preceding levels)

- Questions conventional wisdom
- Formulates and re-evaluates position based on available evidence
- Demonstrates confidence in sharing new knowledge with all staff levels
- Modifies programs and treatments based on newly-learned skills and considerations
- Consults with other allied health professionals and physical therapists for treatment ideas
- Acts as mentor in area of specialty for other staff

Interpersonal Skills

Behavioral Criteria

Beginning Level

- Maintains professional demeanor in all interactions
- Demonstrates interest in patients/clients as individuals
- Respects cultural and personal differences of others; is non-judgmental about patients/clients / clients
- Communicates with others in a respectful, confident manner
- Respects personal space of patients/clients and others
- Maintains confidentiality in all clinical interactions
- Demonstrates acceptance of limited knowledge and experience

Developing Level (builds on preceding level)

- Recognizes impact of non-verbal communication and modifies accordingly
- Assumes responsibility for own actions
- Motivates others to achieve
- Establishes trust
- Seeks to gain knowledge and input from others
- Respects role of support staff

Entry Level (builds on preceding levels)

- Listens and reflects back to original concern
- Works effectively with challenging patients/clients/individuals
- Responds effectively to unexpected experiences
- Talks about difficult issues with sensitivity and objectivity
- Delegates to others as needed
- Approaches others to discuss differences in opinion
- Accommodates differences in learning styles

Post-Entry Level (builds on preceding levels)

- Recognizes role as a leader
- Builds partnerships with other professionals
- Establishes mentor relationships

Communication Skills

Behavioral Criteria

Beginning Level

- Demonstrates understanding of basic English (verbal and written): uses correct grammar, accurate spelling and expression
- Writes legibly
- Recognizes impact of non-verbal communication: maintains eye contact, listens actively
- Maintains eye contact

Developing Level (builds on preceding level)

- Utilizes non-verbal communication to augment verbal message
- Restates, reflects and clarifies message
- Collects necessary information from the patient interview

Entry Level (builds on preceding levels)

- Modifies communication (verbal and written) to meet the needs of different individuals
- Presents verbal or written message with logical organization and sequencing
- Maintains open and constructive communication
- Utilizes communication technology effectively
- Dictates clearly and concisely

Post-Entry Level (builds on preceding levels)

- Demonstrates ability to write scientific research papers
- Fulfills role as patient/client advocate
- Communicates professional needs and concerns
- Mediates conflict

Effective Use of Time and Resources

Behavioral Criteria

Beginning Level

- Focuses on tasks at hand without dwelling on past mistakes
- Recognizes own resource limitations
- Uses existing resources effectively
- Uses unscheduled time efficiently
- Completes assignments in timely fashion

Developing Level (builds on preceding level)

- Sets up own schedule
- Coordinates schedule with others
- Demonstrates flexibility
- Plans ahead

Entry Level (builds on preceding levels)

- Sets priorities and reorganizes as needed
- Considers patient's / client's goals in context of individual, patient, clinic, and third party resources
- Has ability to say "No"
- Performs multiple tasks simultaneously and delegates when appropriate
- Uses scheduled time with each team efficiently

Post-Entry Level (builds on preceding levels)

- Uses limited resources creatively
- Manages meeting time effectively
- Takes initiative in covering for absent staff members
- Develops programs and works on projects while maintaining case loads
- Follows up on projects in timely manner
- Advances professional goals while maintaining expected workload

Use of Constructive Feedback

Behavioral Criteria

Beginning Level

- Demonstrates active listening skills
- Actively seeks feedback and help
- Demonstrates a positive attitude toward feedback
- Critiques own performance
- Maintains two-way communication

Developing Level (builds on preceding level)

- Assesses own performance accurately
- Utilizes feedback when establishing goals
- Provides constructive and timely feedback when establishing goals
- Develops plan of action in response to feedback

Entry Level (builds on preceding levels)

- Seeks feedback from individuals
- Modifies feedback given to clients according to their learning styles
- Reconciles differences with sensitivity
- Considers multiple approaches when responding to feedback

Post-Entry Level (builds on preceding levels)

- Engages in nonjudgmental, constructive problem-solving discussions
- Acts as conduit for feedback between multiple sources
- Utilizes feedback when establishing professional goals
- Utilizes self-assessment for professional growth

Problem-Solving

Behavioral Criteria

Beginning Level

- Recognizes problems
- States problems clearly
- Describes known solutions to problem
- Identifies resources needed to develop solutions
- Begins to examine multiple solutions to problems

Developing Level (builds on preceding level)

- Prioritizes problems
- Identifies contributors to problem
- Considers consequences of possible solutions
- Consults with others to clarify problem

Entry Level (builds on preceding levels)

- Implements solutions
- Reassesses solutions
- Evaluates outcomes
- Updates solutions to problems based on current research
- Accepts responsibility for implementing solutions

Post-Entry Level (builds on preceding levels)

- Weighs advantages
- Participates in outcome studies
- Contributes to formal quality assessment in work environment
- Seeks solutions to community health-related problems

Professionalism

Behavioral Criteria

Beginning Level

- Abides by APTA Code of Ethics
- Demonstrates awareness of state licensure regulations
- Abides by policies and procedures of academic institution and clinical facility
- Projects professional image
- Attends professional meetings
- Demonstrates honesty, compassion, courage and continuous regard for all

Developing Level (builds on preceding level)

- Identifies positive professional role models
- Discusses societal expectations of the profession
- Acts on moral commitment
- Involves other health care professionals in decision-making
- Seeks informed consent from patients/clients

Entry Level (builds on preceding levels)

- Demonstrates accountability for professional decisions
- Treats patients/clients within scope of expertise
- Discusses role of physical therapy in health care
- Keeps patient as priority

Post-Entry Level (builds on preceding levels)

- Participates actively in professional organizations
- Attends workshops
- Actively promotes the profession
- Acts in leadership role when needed
- Supports research

Responsibility

Behavioral Criteria

Beginning Level

- Demonstrates dependability
- Demonstrates punctuality
- Follows through on commitments
- Recognizes own limits

Developing Level (builds on preceding level)

- Accepts responsibility for actions and outcomes
- Provides safe and secure environment for patients/clients
- Offers and accepts help
- Completes assignments/projects without prompting

Entry Level (builds on preceding levels)

- Directs patients/clients to other health care professionals when needed
- Delegates as needed
- Encourages patient accountability

Post-Entry Level (builds on preceding levels)

- Orients and instructs new employees/students
- Promotes clinical education
- Accepts role as team leader
- Facilitates responsibility for program development and modification

Critical Thinking

Behavioral Criteria

Beginning Level

- Raises relevant questions
- Considers all available information
- States the results of scientific literature search
- Recognizes "holes" in knowledge base
- Articulates ideas

Developing Level (builds on preceding level)

- Feels challenged to examine ideas
- Understands scientific method
- Formulates new ideas
- Seeks alternative ideas
- Formulates alternative hypotheses
- Critiques hypotheses and ideas

Entry Level (builds on preceding levels)

- Exhibits openness to contradictory ideas
- Assesses issues raised by contradictory ideas
- Justifies solutions selected
- Determines effectiveness of applied solutions

Post-Entry Level (builds on preceding levels)

- Distinguishes relevant from irrelevant data
- Identifies complex patterns of associations
- Demonstrates beginning intuitive thinking
- Distinguishes when to think intuitively vs. analytically
- Recognizes own biases and suspends judgmental thinking
- Challenges others to think critically

Stress Management

Behavioral Criteria

Beginning Level

- Recognizes own stressors or problems
- Recognizes distress or problems in others
- Seeks assistance as needed
- Maintains professional demeanor in all situations and interactions

Developing Level (builds on preceding level)

- Maintains balance between professional and personal life
- Demonstrates effective affective responses in all situations and interactions
- Accepts constructive feedback
- Establishes outlets to cope with stressors

Entry Level (builds on preceding levels)

- Prioritizes multiple commitments
- Responds calmly to urgent or stressful situations
- Tolerates inconsistencies in the academic or health-care environment

Post-Entry Level (builds on preceding levels)

- Recognizes when problems are unsolvable
- Assists others in recognizing stressors
- Demonstrates preventative approach to stress management
- Establishes support network for self and others
- Offers solutions to the reduction of stress within the work environment

Professional Attire and Presentation

PSU and the Department of Physical Therapy do not discriminate on the basis of race, color, religion, national origin, gender, sexual orientation, gender identity or expression, age, veteran's status, or disability, in admission or access to, treatment of, or employment in its programs or activities (see Non-Discrimination policy). In this regard the Program respects each person's right to express themselves individually on the basis of their race, color, religion, national origin, gender, sexual orientation, gender identity or expression, age, veteran's status, or disability. The Department respects and embraces cultural diversity.

Students attending the PSU DPT program are making a decision to attend a program for entrance into a profession, and this profession, in this region, has a an established expectation for professional attire and presentation.

Therefore, as students and representatives of the PSU DPT program, students are expected to conform to the local and regional cultural norms for professional attire and presentation generally, and the requirements for their clinical rotations specifically.

Students must maintain a neat and clean professional appearance befitting students attending professional education and appropriate for the activity they are involved in during all DPT program activities and situations (classroom, laboratory, integrated clinical, clinical rotations, community and professional events). Students requiring assistance in deciding what is appropriate for each given situation should consult with their advisor or the Director of Clinical Education.

In general, the following are NOT appropriate Professional Attire and Presentation:

- T-shirts, shorts, halters, tank tops (unless with coverup), backless or sleeveless shirts or blouses, short skirts, sweatshirts, "jogging outfits," shirts or blouses with slogans other than the Plymouth State University DPT Logo, shorts, and mini skirts that show the naval/abdomen (Excluding laboratory experiences)
- Neckline too low or pants too low that cleavages can be seen when bending or stooping over
- Extreme colors and styles
- Caps and hats (e.g. baseball, stocking cap or stylish hat) worn indoors, unless for religious reasons
- Clothing with holes
- High heels, flip flops
- Elaborate or dangling jewelry
- Revealing, faded, torn, wrinkled, ill-fitting or soiled clothing
- Tattoos that could otherwise be concealed
- Nontraditional colors or nail polish and artificial nails
- Heavy perfume/scents

- Jewelry from pierced body parts other than the ear (e.g. eyebrow, nose, tongue, lip rings, etc)

Readiness for Clinical Education

The first criteria of being ready for clinical education is being in good academic standing based on all other criteria for such standing. Any student that is not - for any reason - in good academic standing is not ready for clinical education.

The second criteria is a unanimous vote by the core faculty in the semester prior to a student's curriculum requiring the student to enroll in either Clinical Education I, Clinical Education II or Clinical Education III.

If a student that is in good academic standing does not received a unanimous vote by the core faculty as ready for clinical education then they are no longer in good academic standing.

In voting on readiness for clinical education the core faculty collectively consider the overall record of the student. For example, a student that is in the early or middle stages of a behavioral remediation plan for violations of Professional Conduct (See Professional Conduct), while still in good academic standing, may be considered NOT ready for clinical education until the behavioral remediation plan has been completed and they have demonstrated sufficient compliance with Professional Conduct.

If the collective core faculty vote that a student is NOT ready for clinical education they will provide the student with a clear articulation of the rationale for this decision with specific examples. At this point the student is notified that they are not ready for clinical education and are therefore not in good academic standing. The student will then have 10 business days to work with their Advisor and the Director of Clinical Education (or the Program Director if this is the same person) to reply with an appeal to the faculty regarding this decision. The faculty will consider the appeal and may decide to interview the student as part of this process. Based on the appeal the faculty will consider the merits of its argument. If the faculty accept the appeal then the student is ready for clinical education, returns to good academic standing and can commence with Clinical Education in the subsequent semester.

If the faculty do not accept the appeal the student has the right to appeal to the associate vice president for academic affairs.

If the student decides to not appeal to the associate vice president for academic affairs, or if this appeal is denied, the student must meet with their advisor and the Director of Clinical Education (or the Program Director if this is the same person) to develop a corrective plan. If the rationale for that student NOT being ready for clinical education is due to a behavior remediation plan then this plan will be reviewed and a timeline for readiness for clinical education will be developed. The corrective plan must be accepted by a vote of the faculty. If the corrective plan is not accepted then the student is dismissed from the program (See Academic Standing).

While this plan would typically delay graduation by one year due to a cessation of progress of the course sequence, on a case by case basis it may be considered that a student can proceed to the next semester on schedule and add a clinical education experience to the summer semester following normal planned graduation (10-14 week delay in graduation).

Clinical Education Interviews

Several clinical education sites require students to interview prior to attending that site for clinical education. If a student fails to secure a clinical education rotation due to difficulty with these interviews then the faculty may reconsider whether this student is ready for clinical education. These decisions are highly situational and are decided on a case by case basis.

While students are guaranteed that the PSU DPT program will identify quality clinical education sites for the completion of the student's program, and will do everything possible to prepare the student to be ready for clinical education, including the successful completion of a Clinical Education Interview and Clinical Education course, the program cannot guarantee that any particular student will be able to secure a clinical education site based on an interview and thus, in these instances, the student bears responsibility for their ability to progress through the program.

Readiness for Entry Level Practice

When students successfully complete the DPT Program, it is the expectation of the Program, based on the organization, requirements and sequence of the Curriculum and course requirements (including Clinical Education) that the student is ready for Entry Level Practice as a Physical Therapist and, pending full Accreditation by the Commission on Accreditation of Physical Therapy Education (CAPTE) eligible to sit for the National Physical Therapy Examination to be considered for Licensure as a Physical Therapist.

The program utilizes several strategies to help determine that each student achieves entry level clinical performance prior to graduation. The overall philosophy of the approach is that the best way to determine that a student has achieved entry level performance prior to graduation is to carefully observe and evaluate each students' performance during the program to understand the students' progress toward entry level performance. We do not believe that any evaluation completed as a snap shot just prior to graduation would be an accurate process. Although, we appreciate that the final evaluation of students' clinical performance should be associated with prior progress and reflective of entry-level clinical performance.

The program requires a student maintain good Academic Standing.

The program utilizes Objective Structured Clinical Examinations (OSCEs) for final student evaluations as end of semester formative and summative assessments of performance, and a final OSCE at the end of the Fall Semester in the third year as a summative assessment prior to the final clinical education experience (six in total). OSCE grades are incorporated into course grades. Successfully completing each OSCE requires a grade of at least an 72%. An OSCE grade of less than 72% results in a course grade of an F. The primary purpose of the OSCEs are to test clinical skill performance and competence in a variety of simulated scenarios that allow simultaneous testing of adjunctive attributes during development towards and ultimately commensurate with entry level physical therapy practice as part of formative (I - V) and summative (VI) assessments.

The program considers the progress of student Clinical Education performance as evaluated by Clinical Instructors and reviewed by the Director of Clinical Education using the CPI. A student should achieve a rating of "Entry Level Performance" for all CPI criteria in their final Clinical Experience. Given the strict standard in the CPI for achieving an "Entry-Level Performance" anchor we believe this final step minimizes the likelihood of false positives (being considered ready for entry-level performance when not actually ready). As with any measurement metric, reducing the risk of false positives tends to increase the risk for false negatives (being considered not ready for entry level performance when actually ready). Therefore, the program is compelled to due diligence in outlining a process to identify and distinguish false negatives from true

negatives. And then how to proceed if it is determined to be a true negative (that a student's final Clinical Experience did not reach entry level performance).

When a student is not making progress towards achieving entry-level performance on their final Clinical Experience it should be identified through prior coursework, including Integrated Clinical courses and Clinical Experiences I and II. In such cases remediation strategies are developed in process and a student's final Clinical Experience (and therefore graduation may be delayed) (See Academic Standing).

The following describes the process when a student does not achieve the required entry level performance by the end of their final Clinical Experience (III). This process starts with a presentation of the case by the DCE to the core faculty with all relevant information regarding the student's progress towards and ultimate performance on the final Clinical Experience. The DCE's case includes both the student's and clinical instructor's written statements, the CPI including all comments, weekly summaries, and notes from any meetings during the Clinical Experience. As many details of the case will be presented. After the presentation of facts the DCE then provides their evaluative summary and recommendation.

Outcome 1: If it is deemed that not achieving entry-level performance on Clinical Experience III was a false negative then the student will proceed to graduation.

Outcome 2: If it is deemed that we cannot determine whether not achieving entry-level performance on Clinical Experience III was a false negative then the faculty will develop a final comprehensive practical clinical examination for the student. If passed the student will graduate. If failed the student will proceed to outcome 3.

Outcome 3: If it is deemed that the student has not achieved entry level performance on Clinical Experience III then a remediation plan will be developed which will first require on campus coursework and either an extension or repeating of Clinical Experience III.

Note: Either outcome 2 or 3 will allow the student due process with an appeal accepted and considered. Prior to the faculty decision the student's contribution is considered as part of the DCE presentation of the case.

Appeals, Grievances, and Complaints

Appeals, grievances and complaints that fall outside of any other policy are accepted and provided consideration by the Department on a case by case basis, and include due process as described below.

The Department is prohibited from retaliation of any sort following any such appeals, grievances or complaints.

Records of appeals, grievances and complaints about the program, including the nature of the complaint and the disposition of the complaint, are maintained by the program on file in the Department Administrative office.

Appeals, Grievances, and Complaints from Students

Occasionally, a student may have an appeal, grievance or complaint regarding an issue beyond the processes set forth in the DPT Student Handbook, Plymouth State University or Graduate Studies policies. A student grievance with a faculty member should be addressed first directly with the faculty member. If a student is not satisfied following this step, the student may request a review by contacting the Program Director. The director has the discretion to address the concern directly, or to form a faculty committee. If the complaint is about the Program Director, students should take the complaint to the Dean of the College of Health, Education and Human Services. Questions about procedural options should be directed to the student's advisor or Program Director.

Grievances or complaints about other aspects of the program may be brought to a faculty member or the Program Director by an individual student or through student class representatives. If this does not successfully resolve the concern, a single student or a group of students may bring their complaint or grievance to the College Dean, associate vice president for academic affairs or the Commission on Accreditation of Physical Therapy Education (CAPTE).

<http://www.capteonline.org/Complaints/>

Appeals, Grievances, and Complaints from Others (graduates, prospective students, clinical education sites, employers of graduates, the general public)

Occasionally, graduates, a prospective student, clinical education site, employer of graduates, or the general public may have an appeal, grievance or complaint regarding the program. Such appeals, grievances and complaints should be sent to the Program Director. The Program Director has the discretion to address the concern directly, or to

form a grievance committee. Questions about procedural options should be directed to the Program Director. If this does not successfully resolve the concern, the complainant may bring their appeal, complaint or grievance to the College Dean, associate vice president for academic affairs or the Commission on Accreditation of Physical Therapy Education (CAPTE).

<http://www.capteonline.org/Complaints/>

Confidentiality of records and other personal information

DPT Students are assured of the confidentiality of their records and other personal information through the Plymouth State University policy on Privacy and Disclosure of Academic Records which extends to all information the University and Program collect.

Privacy and Disclosure of Academic Records

A federal law, the Family Educational Rights and Privacy Act of 1974 (popularly known as the Buckley Amendment or FERPA), establishes certain rights for students with regard to their education records. In brief, the act provides students the right to inspect their personal education records (with some exceptions), the opportunity to contest the contents of their records, and protection from unauthorized disclosure of their education records to third parties outside the University. The University is not permitted to disclose personally identifiable information from the student's education record without the prior written consent of the student, or only under acceptable disclosure provisions in FERPA.

Access without prior approval of students is permitted to University faculty and staff with a need to access educational information, to appropriate federal and state officials with statutory authorization, to accrediting agencies and educational testing organizations, to the parents of dependent students and, in an emergency, to other appropriate persons acting to protect the health and safety of students and others.

At Plymouth State University, the education records of students are released to parents only upon written request by students or by the parents of dependent students with proof of dependency. Some educational records maintained by the University are not open to access by students; these include confidential letters of recommendation to which the student has waived access, the financial records that parents have submitted to the University, medical and counseling records used in providing treatment to the student, the records of University Police, records containing information on more than one student, and records in the possession of the maker that are not accessible to other individuals. This last exception includes, for instance, the grade books of instructors and the desk files of faculty and administrators.

The University is permitted to release the following "directory information" without the prior consent of the student: name, place and date of birth, enrollment status, most previous educational institution attended, campus address, e-mail address, phone number, degree, field of study, grade level, participation in recognized activities and sports, and height and weight of athletic team members. Grades are considered "directory information" to the extent of publishing honor rolls and in selecting students to honor societies or to receive academic scholarships. Students have the right to restrict disclosure or release of any or all "directory information." Requests must be submitted in

writing to the dean of student affairs within 10 class days after the beginning of fall or spring term. See the current student handbook for further information.

<https://www.plymouth.edu/graduate/academics/catalog/university-policies/#privacy-and-disclosure-of-acad>

Equipment Inspection, Maintenance & Use

Use of Department equipment is a privilege not a right of Department faculty and students. Use of equipment is governed by University policy for general safety and ethical use in research, as well as by Department policy.

Equipment is used, as indicated by specific equipment manuals and specifications, for what it was designed and purchased in educational and/or research activities. Students are to be taught how to use equipment by Department faculty and use at times other than in a class period for research purposes is governed by research protocol and department policy.

Equipment/modalities with an electrical component used for the purposes of teaching will be inspected annually by AFI Medical (<http://afimedical.com/>), 438 High Plain Street, Walpole, MA 02081, and maintained as recommended.

Equipment without an electrical component will be inspected by members of the Department of Physical Therapy faculty and maintained as recommended.

All faculty using equipment will be trained as needed in the proper and safe use of equipment and then will be responsible for making sure students are trained in the proper and safe use of the equipment.

Procedures:

Each summer, the core faculty member for the Patient / Client Management I course will communicate to the department administrative assistant in writing the modalities/ equipment to be inspected. This includes all equipment that has an electrical component.

The administrative assistant will make arrangements for AFI Medical to inspect the equipment prior to the start of the Fall semester. It is the responsibility of the core faculty member for Patient / Client Management I to assure that this inspection has been done and the report is on file in the Department Administrative office.

Other laboratory equipment (with no electrical component) will be inspected for structural safety annually. This inspection will be performed by two faculty members with knowledge of structural integrity and performance of the equipment. Results of the inspection will be reported to the faculty at a faculty meeting and a record kept in the Department Administrative office. Equipment that does not pass inspection will be repaired and re-inspected before use, discarded or sent to surplus. Results of all inspections and equipment repair or discard will be recorded and kept on file in the Department Administrative office.

Results of inspections and location of equipment will be reported by the core faculty member for the Patient / Client Management I course to the faculty annually at a faculty meeting.

Safety of Students

DPT Students are provided a safe and fair learning environment through the Plymouth State University policy on A Fair and Safe Learning Environment. Students should be aware of the risks involved in being a student physical therapist which is covered in the DPT Student Handbook under: Potential Health Risks and Standard Precautions

A Fair and Safe Learning Environment

Plymouth State takes seriously its responsibility to provide a safe and fair place in which to learn. As such, it is the responsibility of all faculty and staff members to deal honestly, fairly, and respectfully with students, coworkers, and all other individuals associated with the University.

<https://www.plymouth.edu/graduate/academics/catalog/university-policies/#a-fair-and-safe-learning-envir>

Potential Health Risks and Standard Precautions

There are numerous health risks associated with being a student physical therapist, including but not limited to 1) exposure to infectious diseases, 2) exposure to toxic substances, 3) strains and sprains, and trauma from slips, trips and falls, 4) injury related to role as a subject or patient - simulator.

The faculty are committed to educating students in practices that minimize these risks during all learning and practice activities.

During Integrated Clinical I and annually thereafter, students will review the Hospital e-tool: Physical Therapy Module created by the Occupational Safety and Health Administration regarding these risks at: <https://www.osha.gov/SLTC/etools/hospital/clinical/pt/pt.html>

Students must provide documentation to the Department they have reviewed and understand health risks and precautions by the end of the first week of the first summer semester and annually thereafter.

Faculty will provide students with information regarding potential health risks they may encounter within their respective courses, as well as policies and procedures governing use of standard precautions, storage and use of any hazardous materials, safety regulations, emergency procedures including the proper and safe use of all equipment. It is the student's responsibility to follow all such instruction, process and use.

Faculty who teach courses involving community activities will also provide students with this information.

Students must report any injuries sustained during course activities to the course instructor. Injuries sustained while on campus or during other department-sponsored activities should be reported to the Program Director. Additionally, all on campus injuries by students or guests should be reported through the PSU Accident Report form for Students and Guests located at:

<http://plymouth.edu/office/physical-plant/files/2010/11/accidentinvestigation.doc>

Injuries sustained while on Clinical Education Experiences should be reported to the CI and the DCE.

Injuries sustained off campus during non-school related activities or illnesses acquired should be reported to Course Instructors and the Program Director in cases where students ability to meet course requirements or Essential Technical Standards has been compromised.

Campus Safety Policies & Procedures

<https://www.plymouth.edu/office/physical-plant/departments/campus-environment-health-and-safety/safety-policies-and-programs/safety-policy-and-procedures/>

Campus Blood Borne Pathogen Policy

<https://www.plymouth.edu/office/physical-plant/departments/campus-environment-health-and-safety/safety-policies-and-programs/blood-pathogen-policy/>

Storage and Use of any Hazardous Materials

At this time there are no plans for the storage of use of hazardous materials through or with the Department of Physical Therapy beyond that which would be covered with Standard Precautions.

Should the need arise for storing or using hazardous materials the Department will work with the Plymouth State University Physical Plant office of Campus Environment and Safety to put the appropriate policy in place.

Physical Plant office of Campus Environment and Safety

<https://www.plymouth.edu/office/physical-plant/departments/campus-environment-health-and-safety/>

Campus Safety Policies & Procedures

<https://www.plymouth.edu/office/physical-plant/departments/campus-environment-health-and-safety/safety-policies-and-programs/safety-policy-and-procedures/>

Campus Blood Borne Pathogen Policy

<https://www.plymouth.edu/office/physical-plant/departments/campus-environment-health-and-safety/safety-policies-and-programs/blood-pathogen-policy/>

Emergency Procedures

Students should be familiar with the Emergency Action Plan of the Health Services Department on campus.

<https://www.plymouth.edu/services/health/emergency-action-plan/> (and see below)

Should an emergency present itself during a Faculty supervised event (class, lab, meeting, tutorial) then the Faculty member will be responsible for making sure Emergency Procedures are followed.

After an emergency students should report the incident (see Potential Health Risks and Standard Precautions)

Health Services Emergency Action Plan

Emergencies when Health Services is Closed

In the event that a student needs medical care when the Health Services clinic is closed (in the evening, on weekends, or during vacations), the student should contact their physician or Spere Memorial Hospital at (603) 536-1120. Transportation by ambulance can be accessed by dialing 911.

Non-emergency transportation is available by taxi. These situations are the financial responsibility of the student.

Due to the chance that emergency care may be necessary, or other care beyond the scope of service at the Health Services clinic, students are strongly encouraged to maintain personal health insurance coverage while attending Plymouth State University.

Emergencies when Health Services is Open

In the event that a student is in need of emergency medical care while at the Health Services clinic, the following plan is put into action.

Emergency Medical Care Definition

The need for emergency medical care is defined as any condition in which an individual's life is threatened or the person risks permanent impairment. Examples include, but are not limited to, respiratory or cardiac arrest, spine injuries and possible fractures.

Emergency Procedures

The Health Services staff immediately contacts EMS.

If needed, other Health Services staff are called in to assist.

Life-saving techniques are initiated, if necessary.

When contacting EMS, have the following information:

Name, address (16 Merrill St.), telephone number of caller

Condition of patient(s)

First aid initiated by Health Service staff

Specific directions to emergency scene

The 911 caller will HANG UP LAST.

An ambulance from the town of Plymouth responds

If the student lives on-campus, Campus Police respond

If the student lives off-campus, Town of Plymouth Police respond

Following the Emergency

Document the emergency

The Campus Police contacts the Dean of Students Office for all on-campus student emergencies to report the information

Emergencies Services in Off-Campus Educational Experiences

During Off-Campus Educational Experiences such as Clinical Education, access to emergency services is predicated on the local environment and students must be aware of the process in their particular location. Students are responsible for the cost of emergency services in off-campus educational experiences.

Availability of Lab Space Outside of Class Time

Students will have access to Samuel Read Hall (SRH) 114 (Classroom) for group study; SRH 215 and SRH 208 for laboratory practice.

Rooms will be unlocked by faculty or staff for student use (when otherwise not reserved) Monday through Friday from 8:00 – 5:00 pm.

Schedules are posted outside the rooms.

Additional lab practice may be arranged with an individual faculty member.

Students are reminded that before using laboratories outside of class time they need to be familiar with the following policies and procedures:

Safety of Students

Potential Health Risks and Standard Precautions

Storage and Use of any Hazardous Materials

Emergency Procedures

Membership in the American Physical Therapy Association

All students are expected to join the American Physical Therapy Association (APTA) and to maintain membership throughout the professional program. Students are also encouraged to participate at the state and national level. This is excellent preparation for a student's future role as a physical therapist.

APTA student membership information is available on-line at: <http://www.apta.org/Membership/?navID=10737422526>

Technology Requirements

All students are required to have their own laptop computer or laptop compatible device (e.g. tablet) with the capability of accessing Moodle or similar on-line classroom programming and high-speed Internet service.

Evaluation of Courses, Instructors, Program

Students are required to evaluate all faculty and courses. These evaluations are used as part of a core faculty members' annual performance appraisal and as part of development, reappointment, promotion, and tenure; and associated faculty development and reappointment. The purpose of the evaluation is to provide constructive feedback to faculty in areas in which a person does particularly well or in areas in which improvement is possible. Derogatory and slanderous comments are neither useful nor appropriate.

At the end of the first year, and then before graduation, students are asked to complete relevant surveys, which evaluate various aspects of the program. In addition, student focus-groups are conducted to obtain additional feedback at the conclusion of the program.

Following graduation, graduates are contacted at least twice, 6 months and one year following graduation for graduate surveys. The completion of these surveys is essential to the ongoing assessment and planning for the Department and DPT program.

Safety of Integrated Clinical Participants Policy

Integrated Clinical Participants (ICP) will be adequately supervised at all times.
Students and faculty members will have access to ICP safety information

Review of emergency procedures will be conducted in each Integrated Clinical course

All Faculty for Integrated Clinical courses will be Physical Therapists Licensed to Practice in the State of New Hampshire

All interactions between students and ICP will have line-of-site supervision at all times

Only one Integrated Clinical participant group will be supervised by a faculty member at a time

An ICP File will be present at all Integrated Clinical sessions involving participants

This ICP File will contain:

Emergency procedures

Intake form

Signed consent from the participant

Medical information

Emergency contact numbers

Physician contact information

Precautions

Current Assessment and ongoing visit notes

The ICP File will be stored in a locked location with the Faculty

A Historical Participant Chart will be kept on all community participants that:

Will contain past records

Stored in locked Administrative Assistant office

ICPs involved in laboratory/classroom sessions in the PT Department of Samuel Read Hall will not be billed.

Integrated Clinical Informed Consent

NOTE: This consent does not replace a required IRB Approved Informed Consent for any Integrated Clinical courses currently involved in faculty research.

I, _____, give permission for _____ to participate in the following teaching and learning activities sponsored by the Department of Physical Therapy at Plymouth State University. The activities may occur on campus at the University or off campus in the community.

By signing this form, I voluntarily give my consent to:

- _____ be interviewed
- _____ be videotaped
- _____ be photographed
- _____ demonstrate particular activities*
- _____ allow faculty to demonstrate examination and treatment procedures*
- _____ allow students to practice examination and treatment procedures*
- _____ participate in other activities or events*
- _____ have videotapes and photographs used for teaching purposes at Plymouth State University
- _____ have videotapes, photographs, results of examinations, and descriptions of treatment used for a published case report or professional presentations
- _____ other (describe): _____

I have been informed of the risks (outlined below) associated with the above activities and am aware that the faculty and students will use techniques in accordance with standard physical therapy practice to minimize any risk. **

I understand that:

Any relationship that I have with the Department of Physical Therapy and Plymouth State University will not be negatively influenced by my decision to decline to participate.

At any time during the activity, I may decline to participate and may refuse to answer a question.

My consent is valid indefinitely, unless I decide otherwise (insert date here): _____.

At any time in the future, I may freely withdraw my consent to have my records used, including interviews, videotapes, photographs, audiotapes, etc. To do so, I must send a written request to:

Campus Services

Students are encouraged to familiarize themselves with the following Plymouth State University services:

Plymouth Academic Support (PASS) Office

Lamson Learning Commons, Room 003,
Phone: 603-535-2270, Fax: 603-535-2277
17 High Street, MSC #9, Plymouth, NH 03264

<https://www.plymouth.edu/services/pass/disability-services/>

Health Services

12 Merrill Street (Mary Taylor House), Plymouth, NH 03264
During business hours. Call (603) 535-2350 to schedule an appointment.
During winterim, spring break, vacation days, and the summer months, consult your physician or contact the Speare Memorial Hospital (603) 536-1120.

<http://www.plymouth.edu/services/health/>

Michael L. Fischler Counseling Center

When We Are Open: Call us at (603) 535-2461
After Hours, Call: Genesis Behavioral Health at (603) 524-1100
If you are a student at Plymouth State University and are in the Plymouth, NH community.

<http://www.plymouth.edu/office/counseling/>

Financial Aid (Graduate Student)

<https://www.plymouth.edu/office/financial-aid/graduate-student-financial-aid/>

DPT Program Textbook Compilation

The program subscribes to Access Physiotherapy (information is sent regarding this system in the Welcome Letter) and we work to utilize the textbook resources in that system. Required texts that are in Access Physiotherapy are not included in this compilation.

There are times when we must require (or recommend) textbooks that are not part of the Access Physiotherapy system. To the best of our ability, these textbooks are listed below. Of note, several courses make use of similar resources. Therefore, if you are asked to purchase a textbook there is a strong possibility that you should keep the book for upcoming course requirements.

Students are also reminded that the best way to know what resources a particular course will require is to consult the syllabus and to discuss it directly with the course instructor.

Semester 1 (Summer)

PTH 6110 Clinical & Functional Anatomy

- Reiman, M. Orthopedic clinical examination. Human Kinetics. Recent Edition. (Recommended and required for other courses)
- Cleland, J. Orthopaedic Clinical Examination: An Evidence-Based Approach for Physical Therapists. Recent Edition. (Recommended - combination of anatomy figures, tables and clinical examination methods and metrics)
- Recommend anatomy atlas of your choice.

PTH 6111 Clinical Physiology

PTH 6112 Ethics & Value Systems

PTH 6115 Patient / Client Management I

- Reiman, M. Orthopedic clinical examination. Human Kinetics. Recent Edition.

PTH 6116 Integrated Clinical I

Semester 2 (Fall)

PTH 6120 Neuroscience

PTH 6121 Musculoskeletal Conditions & Management

PTH 6122 Dynamic Systems I: Movement & Adaptation

- Coker, Cheryl A. Motor learning and control for practitioners. Routledge. Recent Edition.

PTH 6124 Clinical Inquiry I: Causality & Inference

- Reiman, M. Orthopedic clinical examination. Human Kinetics. Recent Edition.

PTH 6125 Patient / Client Management II

- Reiman, M. Orthopedic clinical examination. Human Kinetics. Recent Edition.

PTH 6126 Integrated Clinical II

Semester 3 (Spring)

PTH 6130 Pathophysiology & Pharmacology I

- Goodman CC, Fuller KS. Pathology: Implications for the Physical Therapist. Elsevier,. Recent Edition.
- Goodman CC, Heick J, Lazaro RT. Differential Diagnosis for Physical Therapists. Elsevier. Recent Edition.

PTH 6131 Exercise Prescription & Nutrition

- Riebe, D. (Ed.). ACSM's guidelines for exercise testing and prescription (10th ed.). Philadelphia, PA: Lippincott Williams & Wilkins. Recent Edition.

PTH 6132 Movement Systems

- Coker, Cheryl A. Motor learning and control for practitioners. Routledge. Recent Edition.

PTH 6133 Dynamic Systems II: Movement & Adaptation

PTH 6155 Patient / Client Management III

- Reiman, M. Orthopedic clinical examination. Human Kinetics. Recent Edition.

PTH 6136 Integrated Clinical III

Semester 4 (Summer)

PTH 8210 Pathophysiology & Pharmacology II

- Goodman CC, Fuller KS. Pathology: Implications for the Physical Therapist. Elsevier,. Recent Edition.
- Goodman CC, Heick J, Lazaro RT. Differential Diagnosis for Physical Therapists. Elsevier. Recent Edition.

PTH 8215 Patient / Client Management IV

PTH 8216 Integrated Clinical IV

Semester 5 (Fall)

PTH 8226 Clinical Education I

PTH 8227 Clinical Reflection I

PTH 8224 Clinical Inquiry II: Study Design

Semester 6 (Spring)

PTH 8232 Psycho/Social Systems

PTH 8234 Clinical Inquiry III: Models, Reviews & Guidelines

PTH 8235 Patient / Client Management V

- Riebe, D. (Ed.). ACSM's guidelines for exercise testing and prescription (10th ed.). Philadelphia, PA: Lippincott Williams & Wilkins. Recent Edition.

PTH 8236 Integrated Clinical V

Semester 7 (Summer)

PTH 8316 Clinical Education II

PTH 8317 Clinical Reflection II

Semester 8 (Fall)

PTH 8322 Health Systems

PTH 8324 Capstone I

PTH 8325 Patient / Client Management V (Awaiting approval)

PTH 8326 Integrated Clinical VI

Last Updated April 16, 2018 at 6:37 AM